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| Case Number: | CM13-0072521 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 02/03/2010 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Treatment to date has included medications, physical therapy, home exercises, and bilateral total knee replacement. Medical records from 2013 were reviewed, which showed that the patient complained of painful chronic swelling in the knee. Review of systems showed symptoms of depression. Past medical and family history was unremarkable. On physical examination, there was swelling of the lateral area of the right knee. Brush test was positive. No laxity of the right knee was noted. Utilization review from December 19, 2013 denied the request for knee brace because there was no clear documentation of possible risk for instability post-surgery. The same review modified the request for preoperative medical clearance/labs/EKG/chest x-ray to preoperative labs including CBC, BMP due to the intermediate risk inherent in the planned procedure; and postoperative physical therapy x18 (right knee) to postoperative physical therapy x12 (right knee) because an initial 12 visits is reasonable to address postoperative symptoms and promote functional recovery.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PREOPERATIVE MEDICAL CLEARANCE (LABS, EKG AND CHEST X-RAY):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General; Preoperative Lab Testing; Preoperative Electrocardiogram (ECG).

Decision rationale: The California Medical Treatment Utilizations Schedule (CA MTUS) does not specifically address preoperative testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Electrocardiography (ECG) is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications. In addition, preoperative lab testing should generally be done to confirm a clinical impression and tests should affect the course of treatment. In this case, the contemplated surgery is a right knee synovectomy, which according to ODG is an intermediate-risk procedure. However, the medical records failed to indicate the presence of cardiovascular or pulmonary comorbidities that may warrant preoperative ECG and chest radiography. Furthermore, the present request did not specify what particular laboratory tests were to be done and a discussion regarding the indications for these tests were also not documented. Although preoperative medical clearance may be appropriate, additional information would be necessary. The request for pre-operative medical clearance (labs, EKG, and chest x-ray) is not medically necessary or appropriate.

KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: According to the Knee Complaints Chapter of the ACOEM Practice Guidelines, a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load. For the average patient, using a brace is usually unnecessary. In this case, knee instability was not documented in the medical records. There was also no discussion whether the patient is going to be stressing the knee under load. The necessity of a knee brace was not established. The request for a knee brace is not medically necessary or appropriate.

TWELVE POSTOPERATIVE SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the Post-Surgical Treatment Guidelines referenced by CA MTUS, a total of 24 therapy visits over ten weeks is recommended as post-surgical treatment for knee surgeries for arthropathy. The present request is for twelve sessions, which is in accordance with the guidelines. The request for twelve post-operative sessions of physical therapy for the right knee is medically necessary and appropriate.